

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>8/4</u>	2 Serial/Patent # <u>537863</u>		
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing		<u>3k9</u>	\$ <u>108.00</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>108.00</u>
8 TO BE REFUNDED BY:			
<input type="checkbox"/> Treasury Check			
<input checked="" type="checkbox"/> Credit Deposit A/C #:		, <u>23</u> -- <u>0975</u>	
10 REASON: <input checked="" type="checkbox"/> Overpayment			
<input type="checkbox"/> Duplicate Payment			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>L Dillon</u>		TITLE: <u>T-3</u>	
SIGNATURE: _____		PHONE: _____	
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B